The Right ‘Dose’ of Activity: Health Educators Should Promote Mindful and Intuitive Exercise

Justine J. Reel*
Department of Health Promotion and Education, University of Utah, USA

Physical activity has been associated with numerous physical and psychological benefits and exercise has been considered a “medicine” for helping depression and anxiety, and managing stress [1]. Physical activity has also been found to improve muscular strength, endurance, and coordination. Related to the global obesity epidemic, exercise has been viewed as a necessary way to treat overweight and obese individuals. By increasing physical activity and reducing excess body weight, medical conditions such as type 2 diabetes, heart disease, and cancers can be prevented [2,3]. Unfortunately, exercise taken to the extreme can have deleterious effects and can begin to resemble an addiction.

In order to address the aforementioned health concerns, physical activity interventions have traditionally promoted expanding more calories through structured physical activity with the direct goal to lose body weight [4]. Exercise plans may be overly regimented and narrow as they are often designed for immediate weight loss rather than creating a more active lifestyle. Moreover, promoting an unsustainable short-term solution (i.e., highly structured, vigorous exercise) can contribute to a chronic dieting mentality, intense body dissatisfaction, reduced self-esteem, weight stigmatization, disordered eating, and dysfunctional exercise [5]. Having a dysfunctional relationship with exercise can lead to negative consequences such as overuse injuries, fatigue, mood disturbances, and social isolation.

What is the Dysfunctional Exercise?

Having a negative relationship exercise has been characterized as overexercise, exercise addiction, excessive exercise, exercise dependence, exercise abuse, compulsive exercise, “activity anorexia,” obligatory exercise, and dysfunctional exercise [6-7]. Dysfunctional exercise can occur along with or independently from a clinical eating disorder. Generally, dysfunctional exercise has been defined as having an “excessive” quantity of movement relative to frequency, intensity and duration that can result in increased risk of physical injury [8]. By contrast, the term “compulsive exercise” captures the quality of movement patterns in which exercise can appear obligatory, obsessive, or compensatory in nature (i.e., exercise to purge food or change body weight/shape) [9]. Individuals who have dysfunctional attitudes toward exercise develop increased tolerance for exercise to receive the same effect and tend to follow rigid routines. In fact, exercise begins to take priority over all areas of life including family, work, and social situations. Overexercisers continue to exercise despite being ill, injured, or on vacation and may become obsessed with number counting associated with movement (e.g., calories burned, miles, steps taken).

What is Mindful and Intuitive Exercise?

In contrast to dysfunctional exercise, healthy exercise, which in clinical settings is referred to as mindful or intuitive exercise, involves listening to the body while moving and incorporating the senses. For example, taking a meditative walk to appreciate the surroundings can promote listening to sounds, noticing smells, and colors. Mindful and intuitive exercisers tend to stop exercising or modify movement when they experience pain or injury and may take a day “off” from exercise [7]. Intuitive exercise, which parallels intuitive eating (i.e., listening to hunger and fullness cues to guide choices related to food consumption), promotes diverse forms of physical activity. Intuitive exercisers are taught to “count” a wide range of movement patterns as exercise which yields numerous health benefits (e.g., strength, cardiovascular health, flexibility, balance). Being intuitive with exercise encourages exercise for enjoyment rather than the sole motivation to lose weight. In fact, to promote mindful exercise, it is often useful to promote exercising outdoors away from cardiovascular machines that “crunch stats” related to caloric expenditure and progress that is external to how the exerciser is feeling. Since running is the most common type of exercise that is abused, health educators can promote more playful forms of movement (e.g., Zumba, basketball) [8].

Implications for Health Education

Health educators should be aware of the risk for traditional weight loss programs to unintentionally contribute to obsessive and compulsive thoughts and behaviors surrounding exercise. Dysfunctional exercise can lead to negative consequences and can undermine overall health goals. By adopting a positive approach of helping individuals develop a healthier relationship with exercise that encourages a mindful and intuitive approach to physical activity should be used for physical activity interventions. If exercise is enjoyable rather than simply a means to lose or control weight, it is likely to become a sustainable habit.

References


*Corresponding author: Justine J. Reel, PhD, LPC, CC-AASP, Maya Miyairi, M.S., Department of Health Promotion and Education, University of Utah, 250 S. 1550 E. Rm 200, Salt Lake City, UT 84112, USA. Tel: (801)581-3481; E-mail: Justine.Reel@hsc.utah.edu

Received November 08, 2012; Accepted November 08, 2012, Published November 10, 2012


Copyright: © 2012 Reel JJ. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.